PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

Approve for use integring in a control to the province of the province for use of the province for use

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/672,052			ing Date 26/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY 🛛				HER THAN ALL ENTITY	
FOR N			NUMBER FI	LED	NUMBER EXTRA		Г	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		l	N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A]	N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	E or (q))	N/A		N/A			N/A			N/A		
(37	FAL CLAIMS CFR 1.16(i))		minus 20 =		•			x \$ =		OR	x s =		
	EPENDENT CLAIM CFR 1.16(h))		minus 3 = *				1	x \$ =]	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE she is \$	If the specification and drawing sheets of paper, the application is \$250 (\$125 for small entity)! additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37 (n size fee due for each i thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))													
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.]	TOTAL		
	APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	01/19/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18(i))	• 5	Minus	 20		= 0		X \$25 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 3	Minus	3		= 0	1	X \$100 =	0	OR	x s =		
	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
		(Column 1)		(Colum		(Column 3)							
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16(i))		Minus	**				x \$ =		OR	x \$ =		
M	Independent (37 CFR 1,16(h))		Minus	***				x \$ =		OR	x s =		
ā	Application Size Fee (37 CFR 1.16(s))]			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						l			OR			
Γ								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** 11	If the entry is column 1 is less than the entry in column 2, write "0" in column 3. The Charlest September 1 is less than the entry is column 2, write "0" in the "Highest Number Previously Part For M THIS SPACE is less than 3, enter "2". "If the "Highest Number Previously Part For M THIS SPACE is less than 3, enter "2". Stella Little The "Highest Number Previously Part For M THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Part For M THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Part For M THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Part For M THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Part For M THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Part For M THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Part For M THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Part For M THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Part For M THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Part For M THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Part For M THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Part For M THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Part For M THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Part For M THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Part For M THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Part For M THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Part For M THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Part For M THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Part For M THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Part For M THIS SPACE is less than 3, enter "3". If the "Highest Number Previou												

The considerance of information is required by 37 CER. 1.16. The information is required to obtain or retain a based by the public which his lost life lated by the USFTO to monocosal an application. Confidentially is governed by 80 Sec. 72 and 37 CER. 1.16. This colded no estimated to take 92 annuals to complete a position form to the USFTO. I mine will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for motioning this burdon, about the sent to the CEM information Officer. US. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2213-1450.